

UNIFORM DEFINITIONS/RULES GOVERNING AMBULANCE DIVERSION

Definitions

- Boarder – A patient who remains in the ED for more than 2 hours after the decision to admit (request to Admitting Department for a bed) or transfer.
- ED Saturation – When the boarding or backup of patients in the ED prevents timely evaluation and treatment of high-acuity patients.
- Diversion – The decision to redirect incoming ambulance traffic when an emergency department has reached saturation, is anticipated to remain saturated, and there is capacity at surrounding facilities.

Honoring Diversion

- All hospitals will determine their need to go on diversion based upon the above definition.
- All ambulance services will honor a hospital's diversion status and not transport patients to a hospital on diversion except under the following circumstances:
 - patients in an immediate life-threatening state (see below)
 - patients with complex medical histories related to the acute event,
 - patients who have been recently discharged.

Notification must be made to the receiving hospital (see below).

Immediate Life-threatening Situations

- A patient who requires transport to the closest hospital regardless of diversion status is one who is either (1) in an immediate life-threatening state for which appropriate care cannot be provided in an ambulance or (2) whose medical condition, based on appropriate physical assessment and in the best professional judgment of the EMTs in attendance, is likely to deteriorate to an immediate life-threatening state because of additional transport time to bypass a hospital that is on diversion.

Patient Preference/Insistence/Refusal

- Except for patients with complex medical histories related to the acute event, or patients who have been recently discharged, and for whom notification has been made to the receiving hospital, a hospital that is on diversion will be on diversion even to those ambulance patients who prefer or insist on being transported to that hospital even if the patient's physician has privileges at that hospital. In the event that the patient refuses transport unless taken to the hospital on diversion, then the EMTs should notify an ED physician at the receiving facility.

Contiguous Hospitals

- A general policy will be adopted that when multiple contiguous hospitals in a geographic area are on diversion at the same time such that extended length of transport time threatens/compromises patient care, either all contiguous hospitals must open their EDs to ambulances or hospitals may activate a rotational policy where such policy is approved by the Region. Hospitals whose service area crosses regional boundaries must have policies that are consistent in all applicable regions.

Time on Diversion

- Hospitals can be on diversion for a maximum of four (4) hour intervals with the option of continuing to be on diversion for additional maximum of four-hour periods after approval by the appropriate party (e.g. C-MED, Regional Medical director, Regional Executive Director or designee).

Selective Diversion

- Depending upon geography and transport times, a hospital may go on ALS only or full diversion as defined by Regional policy.

Cautionary Status

- Regions may develop cautionary status indicators (e.g. CAT Scan down) and mechanisms for notification of pre-hospital providers for informational purposes only.